

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

31255

1. PLACE OF DEATH
 County Jackson / Registration District No. 399
 Township Law / Primary Registration District No. 1002
 City Kansas City (No. Sh Lukie's Hospital St. Ward)

2. FULL NAME Edgar O. Welch / H. 9
 (a) Residence, No. Phillipath, Mo. St. Ward. (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

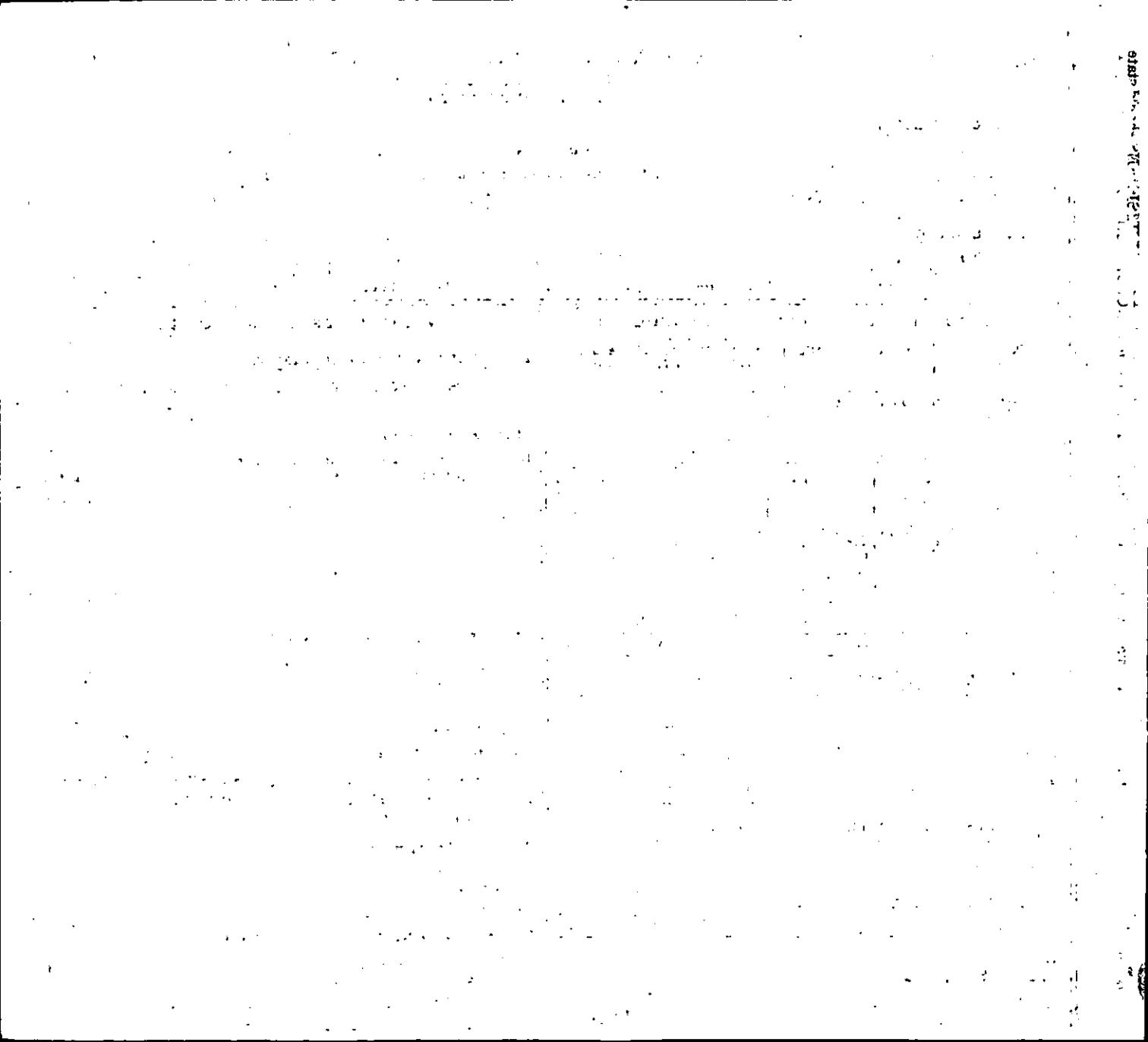
3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elizabeth E. Welch
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
About 60 | - | - | -
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Banker
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

MOTHER 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
 FATHER 13. NAME Unknown
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
 17. INFORMANT (ADDRESS) Edgar F. Norman
Phillipath, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Phillipath DATE 9-10, 1938
 19. UNDERTAKER (ADDRESS) E. F. Norman
Phillipath, Mo.
 20. FILED Sept 10, 1938 P. M. Brown
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 10, 1938
 22. I HEREBY CERTIFY, That I attended deceased from May 31 to Sept. 10, 1938
 I last saw him alive on September 10, 1938 Death is said to have occurred on the date stated above, at 1:20 p.m.
 The principal cause of death and related causes of importance were as follows:
Myocardial Infarction due to Coronary Thrombosis Date of onset 10-7-38
 Other contributory causes of importance:
Coronary Atherosclerosis 1931
 Name of operation _____ Date of _____
 What test confirmed diagnosis? EKG Was there an autopsy? yes
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) P. T. Johnson / _____, M. D.
 (Address) 315 Alameda Road
Kansas City

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.



5-31255

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)